

ARTICLE 13

SECTION 1

PERIOD OF ELIGIBILITY

1. GENERAL

This Article provides staff with guidelines for determining the period of time to which a person is eligible for Medi-Cal, including retroactive eligibility regulations. Additionally, county and state certification responsibilities are detailed.

2. BEGINNING DATE OF ELIGIBILITY

A. Medi-Cal Only Applicants

The beginning date of eligibility is either:

- 1) The first day of the month of application, if all eligibility requirements of the appropriate Medi-Cal program are met anytime in that month; or
- 2) The first day of the month after the month of application, during which the eligibility requirements of the appropriate Medi-Cal programs are met.

Exceptions:

- a) Inmates of a public or private institution as defined in MPG Article 6, Section 1, are ineligible to Medi-Cal from the day they enter through the day they leave the institution.
- b) Qualified Medicare Beneficiaries (QMB)
 - (1) For Medicare Part A recipients, the effective date of eligibility for QMB benefits is the first day of the month following the date on which the County makes the determination of eligibility.
 - (2) For those applicants who are required to enroll in Medicare Part A during the general enrollment period of January through March, July 1 is the effective date of eligibility for QMB benefits.

B. AFDC, SSI/SSP and Other PA Applicants

For the purpose of this section, applicants include:

- 1) Persons who apply for Medi-Cal under any public assistance program.

- 2) Persons who apply for AFDC and meet eligibility requirements in the month of application but whose AFDC is denied because they no longer meet AFDC eligibility requirements at the time AFDC granting action would be taken.
- 3) Persons who apply for SSI/SSP and meet the eligibility requirements but are denied because they die before the SSI application can be processed. An application for Medi-Cal must be filed on their behalf within 30 days of receipt of a written notice of denial.

The beginning date of eligibility is established once the applicant meets the following requirements:

- 1) Citizenship/Alien status;
- 2) Residency;
- 3) Linkage; and
- 4) Property and Income requirements of the appropriate program.

Once these requirements are met, the beginning date of eligibility is either:

- 1) The first day of the month of application if eligibility requirements have been met anytime in that month; or
- 2) The first day of the month in which the requirements were met.

3. PERIOD OF ELIGIBILITY

Once the beginning date of aid is established, the period of eligibility is determined as follows:

A. Persons Eligible as ML or MN

Eligibility begins the date specified in 2.A. above and continues through each successive month during which the beneficiary meets the basic program requirements detailed in MPG Article 5, and meets all of the following conditions:

- 1) Has cooperated in providing the County with social security and health insurance claim numbers;
- 2) Has cooperated in meeting general responsibilities detailed in MPG Article 4, (i.e., completed forms, provided documents necessary to determine SOC, reported changes that affect eligibility, cooperated with State QC investigations, and reported and utilized other health coverage);
- 3) Has met the property requirements specified in MPG Article 9, at some time during the month; and
- 4) Has met the citizenship, residence and institutional status requirements, as specified in MPG Articles 6 and 7, at some time during the month.

B. Persons Eligible to AFDC or SSI/SSP

Eligibility begins with the date specified in 2.B. above, and continues through each successive month in which the person is determined to be eligible to AFDC or SSI/SSP.

C. Other PA Recipients

The period of eligibility for Medi-Cal for persons eligible as Other PA recipients begins with the date specified in 2.B. above. Eligibility continues through each successive month during which the person meets all eligibility requirements of the appropriate Other PA category.

Other PA Recipients include:

- 1) Persons receiving Four Month Continuing Medi-Cal after AFDC discontinuance;
- 2) Persons receiving Nine Month Continuing Medi-Cal after AFDC;
- 3) IHSS recipients as defined in MPG Article 5, Section 7; or
- 4) Persons eligible to Medi-Cal under the Twenty Percent Social Security Increase regulation (Pickle eligibles) as defined in MPG Article 5, Section 9.

D. Minor Consent Services

The period of eligibility for Medi-Cal for a child applying for Minor Consent Services, (MPG Article 4, Section 4) begins with the date specified in 2.A. above, and may continue through each successive month during which the child meets both of the following conditions:

- 1) The conditions specified in 3.A. above; and
- 2) Submits a completed and signed Form MC 4026 to the county department during the month in question which states that the child has a need for services related to sexual assault, drug or alcohol abuse, pregnancy, family planning or venereal disease.

E. Institutional Status

The period of eligibility shall be modified for any portion of a month in which a person is ineligible due to institutional status, as described in MPG Article 6, Section 1.

MPG Article 6, provides instructions for terminating, reinstating and adding this data to MEDS.

4. FINAL DATE OF ELIGIBILITY

When the person or family no longer meets all eligibility requirements, aid for that person or family will be discontinued in accordance with regulations regarding timely and adequate notice of action. (See MPG Article 4, Section 17.)

5. RETROACTIVE ELIGIBILITY

Applicants may apply for Medi-Cal for any of the three months immediately preceding the month of application or reapplication. (Exception: There are no retroactive benefits for Qualified Medicare Beneficiaries.)

A. Eligibility Criteria

All of the following criteria must be met in the month(s) for which Medi-Cal is requested to establish eligibility to retroactive coverage:

- 1) The applicant received health services in the retroactive month; and
- 2) The applicant was not previously denied Medi-Cal for the month in question, unless the application was denied due to:
 - a) County error; or
 - b) The applicant's failure to cooperate, when that failure was due to circumstances beyond the control of the applicant; and
- 3) Had application been made, the applicant would have been eligible for one of the following programs:
 - a) AFDC;
 - b) SSI/SSP;
 - c) Other PA;
 - d) Medi-Cal Special Treatment Programs;
 - e) Miscellaneous Special Programs; or
 - f) MN (see 5.B. below for persons applying on the basis of disability);
 - g) MI (see exception below for persons 21 years of age or older).

Exception: Applicants 21 years of age or older shall be retroactively eligible as a medically indigent person only if one of the following conditions exists:

- a) The person was residing in a skilled nursing intermediate care facility during any part of both:
 - (1) The month of application; and
 - (2) The month for which retroactive eligibility is requested.
- b) The person is a woman with a confirmation that she was pregnant in the retroactive month.

B. Application Process

Applicants will follow the retroactive Medi-Cal application process outlined in MPG Article 4. The application will be treated as any other application, a person applying on the basis of disability shall have the beginning date of their disability established by DED prior to the worker determining retroactive eligibility (see MPG Article 5, Section 3). Applicants meeting all other eligibility criteria shall be entitled to Medi-Cal benefits for the retroactive application period effective the month in which the disability began, as established by DED.

6. CERTIFICATION FOR MEDI-CAL

Certification for Medi-Cal means the determination that a person is eligible for Medi-Cal. When eligibility for Medi-Cal has been established, the person or family can be certified and a Medi-Cal card can be issued for each month eligible. Certification is mandatory prior to card issuance.

The county and state each have responsibility for certifying applicants. The responsibility of the county and state are detailed in this section.

A. County Certification Responsibilities

Certification for Medi-Cal shall be completed by the worker for:

- 1) Persons who have no share-of-cost.
- 2) Persons in long-term care and the cost exceeds their SOC amount.

Exception: Under no circumstances will workers issue TPN or Dialysis Special Benefit cards.

B. State Certification Responsibilities

Certification shall be completed by the state for all persons who have share-of-cost, except those designated as county responsibilities in 6.A.2. above.